

## Electronic Acknowledgement Receipt

<b>EFS ID:</b>	3705478
<b>Application Number:</b>	10588940
<b>International Application Number:</b>	
<b>Confirmation Number:</b>	9756
<b>Title of Invention:</b>	<div style="text-align: right;"> <b>Refund Ref:</b> 0030059938  <small>08/14/2008</small> </div> <hr style="border: 0.5px dashed black;"/> <div style="text-align: right;"> <b>Credit Card Refund Total:</b> \$1050.00         </div> <p>Dehydrating condensation agent having property of accumulating at interface with water    <b>Master C: XXXXXXXXXXXX607</b></p>
<b>First Named Inventor/Applicant Name:</b>	Munetaka Kunishima
<b>Customer Number:</b>	23623
<b>Filer:</b>	Gregory Turocy/Rebecca <small>Adjustment date: 08/14/2008 LDIEP1            07/15/2008 INTERSW 00004141 10588940            02 FC:1253 -1050.00 OP</small>
<b>Filer Authorized By:</b>	Gregory Turocy
<b>Attorney Docket Number:</b>	NANP135US
<b>Receipt Date:</b>	30-JUL-2008
<b>Filing Date:</b>	08-AUG-2006
<b>Time Stamp:</b>	19:46:28
<b>Application Type:</b>	U.S. National Stage under 35 USC 371

### Payment information:

Submitted with Payment	no	<small>Adjustment date: 08/14/2008 LDIEP1            07/15/2008 INTERSW 00004141 10588940            02 FC:1253 -1050.00 OP</small>			
<b>File Listing:</b>					
Document Number	Document Description	File Name	File Size(Bytes) /Message Digest	Multi Part /.zip	Pages (if appl.)
1	Supplemental Response or Supplemental Amendment	Reply135.pdf	625820 <small>ee0ec79f99b496042b65d3ea669d97b52449f99</small>	no	6
<b>Warnings:</b>					
<b>Information:</b>					

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: 08/07/08		2 Serial/Patent # 10588940									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time		07/14/08	\$ 1,050.00							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 1,050.00							
10 REASON:		8 TO BE REFUNDED BY:									
		<input checked="" type="checkbox"/>	<del>Treasury Check</del> CC								
		<input type="checkbox"/>	Credit Deposit A/C #:								
<input type="checkbox"/>	Overpayment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
<input type="checkbox"/>	Duplicate Payment										
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
paid unnecessary extension of time fee											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: Joan Olszewski		TITLE: Petition Examiner									
SIGNATURE: _____		PHONE: 571-272-7751									
OFFICE: Office of Petitions											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Ked</u>		DATE: <u>8/14/08</u>									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**